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ndicated unless correcte naintenance fee notificat	ed below or directed of	herwise in Block 1, by (a	a) specifying a new corres	pondence address; and/or	(b) indicating a separ	correspondence address as rate "FEE ADDRESS" for	
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88195	7590 10/20	5/2011	have	its own certificate of mai	ling or transmission.		
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1560 Broadway Suite 1200			trans	smitted to the USPTO (57)	1) 273-2885, on the da	te indicated below.	
Denver, CO 802	02-5141					(Depositor's name)	
,			-			(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/581,228	10/581,228 10/26/2006		John A. Chiorini	613	6137NIDCR-7-PUS 9146		
TITLE OF INVENTION	: BOVINE ADENO-AS	SSOCIATED VIRAL (BA	AV) VECTOR AND USE;	S THEREOF			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1740	\$300	\$0	\$2040	01/26/2012	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
BURKHART, MICHAEL D		1633	435-320100				
1. Change of corresponde CFR 1.363).	ence address or indication	on of "Fee Address" (37	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Sheridan Ross P.C.				
Change of corresp	ondence address (or Ch 3/122) attached.	ange of Correspondence	or agents OR, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
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The United Stat	es of America, as	represented by the		Bethesda, MD			
Secretary, Department of Health and Human Services							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗆 Individual 🗀 Corporation or other private group entity 🖼 Government							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
☑ Issue Fee			☐ A check is enclosed.				
	No small entity discount		Payment by credit card. Form PTO-2038 is attached.				
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5. Change in Entity Sta	tus (from status indicat	ed above)		······································			
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.							
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Authorized Signature /Richard J. Stern/				Date Janu	uary 26, 2012		
Typed or printed name Richard J. Stern, Ph.D.							
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